

**FIRST AMENDMENT
TO PROFESSIONAL SERVICES AGREEMENT NUMBER F002477
WITH COOPERATIVE PERSONNEL SERVICES dba CPS HR CONSULTING**

This First Amendment to Agreement number F002477, dated October 6, 2021 ("Agreement") is made as of this _____ day of _____, 2022, by and between the City of Santa Rosa, a municipal corporation ("City"), and Cooperative Personnel Services dba CPS HR Consulting ("Consultant").

RECITALS

- A. City and Consultant entered into the Agreement for Consultant to provide Human Resources consulting services.
- B. City and Consultant now desire to amend the Agreement for the purpose of increasing compensation and time of performance.

AMENDMENT

NOW, THEREFORE, the parties agree to amend the Agreement as follows:

1. Section 2. Compensation

Section 2(c) is amended to increase the compensation payable to Consultant under the Agreement by \$80,000.00 to read as follows:

"Notwithstanding any other provision in this Agreement to the contrary, the total maximum compensation to be paid for the satisfactory accomplishment and completion of all tasks set forth above shall in no event exceed the sum of One Hundred Eighty-Five Thousand, Three Hundred Sixty Dollars and No/Cents (\$185,360.00). The City's Chief Financial Officer is authorized to pay all proper claims from Charge Number 040101-5320."

2. Section 12. Time of Performance

The last sentence of Section 12 is amended to read as follows:

"Consultant shall complete all the required services and tasks and complete and tender all deliverables to the reasonable satisfaction of City, not later than August 31, 2022."

All other terms of the Agreement shall remain in full force and effect.

Executed as of the day and year first above stated.

CONSULTANT:

Name of Firm: Cooperative Personnel Services
dba CPS HR Consulting

TYPE OF BUSINESS ENTITY (*check one*):

- Individual/Sole Proprietor
- Partnership
- Corporation
- Limited Liability Company
- Other (please specify: California Joint Power Authority)

CITY OF SANTA ROSA
a Municipal Corporation

By: _____

Print Name: _____

Title: _____

APPROVED AS TO FORM:

Signatures of Authorized Persons:

By: _____

Print Name: _____

Title: _____

Office of the City Attorney

ATTEST:

By: _____

Print Name: _____

Title: _____

City Clerk

City of Santa Rosa Business Tax Cert. No.

Exempt from Business Tax